Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: NEW PERSPECTIVE BROOKFIELD I (310487)
Address: 16720 W GREENFIELD AVE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 05/25/1994

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey	History

Survey ID: 0094205 End Date: 02/14/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009071 Served 03/09/2005

Deficiencies Cited Subject Area Subject Area Corrected

83.21(4)(w) SAFE ENVIRONMENT 83.32(2)(d) REVIEW OF PROGRESS

Survey ID: 0093395 End Date: 09/20/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009024 Served 09/23/2004

Compliance
Deficiencies Cited Subject Area Verified Corrected

13.05(2) CLIENT PROTECTION
83.21(4)(g) FAIR TREATMENT

83.21(4)(m) ABUSE, NEGLECT, OR MISAPPROPRIATION

83.21(4)(o) MEDICATIONS 83.33(2)(a) SUPERVISION

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

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Survey ID: 0093150 End Date: 07/26/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008739 Served 08/19/2004

<u>Compliance</u>

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>Verified</u> <u>Corrected</u>

83.21(4)(p) PROMPT AND ADEQUATE TREATMENT

Survey ID: 0090947 End Date: 08/21/2003 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
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P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 03/07/2005 SOD #10009071 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(w) FORFEITURE---83.32(2)(d)

Date: 09/22/2004 SOD #10009024 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(g) FORFEITURE---83.21(4)(m)

Date: 08/16/2004 SOD #10008739 Appealed: Yes Decision: STIPULATION

Sanctions

FORFEITURE---83.21(4)(p)

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History				
Date Complaint Received: 12/27/2004	Date Investigation Completed: 02/14/2005			
Subject Area(s) RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 10009071		
Date Complaint Received: 07/13/2004	Date Investigation Completed: 08/30/2004			
Subject Area(s)	Result	SOD#		
PHYSICAL PLANTS & SAFETY HAZARDS PROGRAM SERVICES	NOT SUBSTANTIATED SUBSTANTIATED	10009024		
Date Complaint Received: 06/10/2004	Date Investigation Completed: 08/30/2004			
Subject Area(s)	Result	<u>SOD #</u>		
ABUSE	SUBSTANTIATED	10009024		
MEDICATIONS	SUBSTANTIATED	10009024		
PROGRAM SERVICES	SUBSTANTIATED	10009024		
Date Complaint Received: 08/20/2003	Date Investigation Completed: 07/26/2004			
Subject Area(s)	Result	SOD#		
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED			
PROGRAM SERVICES QUALITY OF LIFE	NOT SUBSTANTIATED SUBSTANTIATED	10008739		
QUALITY OF LIFE	SODSTANTIATED	10000/3/		